Home Health Certification and Plan of Care

Order ID: 1150/19554

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1DP2EW4JR93	02/09/2026	From: 06/09/2026 To: 08/07/2026	22164	217058

6. Patient's Name and Address
Bernice Wright
21 Summerfield Rd,
GWYNN OAK, MD 21207-
410-265-7537

7. Provider's Name, Address and Telephone Number
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 10/22/1951 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	02/09/26

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/09/26
N18.6	End stage renal disease	02/09/26
D63.1	Anemia in chronic kidney disease	02/09/26
I82.409	Acute embolism and thombos unsp deep vn unsp lower extremity	02/09/26
N28.89	Other specified disorders of kidney and ureter	02/09/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/09/26
H40.9	Unspecified glaucoma	02/09/26
K59.09	Other constipation	02/09/26
E66.813	Other obesity	02/09/26
Z99.81	Dependence on supplemental oxygen	02/09/26
Z99.2	Dependence on renal dialysis	02/09/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	02/09/26
Z79.01	Long term (current) use of anticoagulants	02/09/26
Z79.4	Long term (current) use of insulin	02/09/26
Z87.891	Personal history of nicotine dependence	02/09/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Latanoprost - Latanoprost 0.005 1 drop both eyes at bedtime
Simbrinza - Brimonidine Tartrate: Brinzolamide 1 drop both eyes three times a day
Prevacid - Lansoprazole 30 mg 1 capsule by mouth once a day Gerd
Glucose 15 mg tablet by mouth as necessary Low blood sugar
Predisone - Prednisone 10 MG Tablet 1 tablet by mouth in the morning Breathing
Cetirizine Hydrochloride - Cetirizine Hydrochloride 5 mg 1 tablet by mouth once a day As needed for allergies
Benzonatate - Benzonatate 150 mg 1 tablet by mouth three times a day As needed for allergies
Vitamin D - Ergocalciferol 50,000 International Units 1 tablet by mouth every other week Supplement
Miralax - Polyethylene Glycol 3350 17gm/scoopful 1cup by mouth once a day Constipation
Dulcolax - Bisacodyl 1 tablet 10 mg by mouth once a day As needed for constipation
Budesonide - Budesonide 0.5 mg inhalant every 12 hours Breathing
Albuterol Nebulizer - Albuterol 1 dose inhalant every 4-6 hours For breathing
Ventolin - Albuterol eq 0.083 perc base 1 puff inhalant every 4-6 hours As needed for breathing
Aformoteral tartrate 15mcg/2 mL inhalant twice a day Breathing
ipratropium-albuterol sulfate 3 ml inhalation every 6 hours Breathing
Nasal Spray - Sodium Chloride 1 spray nasal once a day Breathing
Fluticasone Propionate - Fluticasone Propionate 50 mcg nasal once a day Spray 1 spray in each nostril once a day
Oxygen - Oxygen 3L/min nasal cannula continuous COPD
Docusate - Docusate Sodium 1 tablet oral twice a day Constipation
8-Hour Bayer - Aspirin 81 mg oral Daily Heart health
Eliquis - Apixaban 5 mg oral twice a day Blood thinner, do not take on dialysis days
Montelukast Sodium - Montelukast Sodium 10 mg oral Nightly COPD
Renagel - Sevelamer Hydrochloride 2,400 mg oral three times a day With meals
Apresazide - Hydralazine Hydrochloride: Hydrochlorothiazide 25 mg oral twice a day Blood pressure
70/30 Insulin - Insulin Recombinant Human: Insulin Susp Isophane Recombinant Human 2-12 Units subcutaneous as necessary Sliding scale for DM

14. DME and Supplies:
hospital bed, hoyer lift, nebulizer, oxygen supplies, wheelchair

15. Safety Measures:
standard precautions, O2 precautions, fall precautions, bedrails up while in bed

16. Nutrition:
renal diet

17. Allergies:
amlodipine avapro avelox bumetanide codeine furosemide hctz hydrocodone re

18.A. Functional Limitations
Dyspnea With Minimal Exertion, , Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: , SOCIAL ISOLATION: 1 Requires assistance, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: N/A, MOBILITY: N/A

22.B.Discharge Plans
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic obstructive pulmonary disease with (acute) exacerbation, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare: Start of care physical therapy assessment was completed for this 74-year-old female with a complex medical history significant for end-stage renal disease on hemodialysis (Monday, Wednesday, Friday schedule), chronic obstructive pulmonary disease, type 2 diabetes mellitus, cerebrovascular accident, chronic anticoagulation therapy, and diverticulosis. She was recently hospitalized due to shortness of breath, coughing, and wheezing and was diagnosed with an acute COPD exacerbation. She is currently maintained on 3 liters of supplemental oxygen via nasal cannula. Prior to this most recent hospitalization, the patient reports a gradual functional decline over several years, progressing to a bedbound state. She is unable to sit unsupported and transfers out of bed only via stretcher for medical appointments, including dialysis treatments. She remains in bed at all other times. The patient resides at home with a live-in aide and receives additional support from family members. She is currently dependent for bathing, toileting, and dressing tasks. On assessment, the patient demonstrates significant generalized weakness and poor trunk control, contributing to inability to maintain unsupported sitting. She performs limited active range of motion exercises of the bilateral lower extremities in supine. Bilateral shoulder range of motion is limited to approximately 90 degrees of flexion and abduction. Skin is intact with the exception of a dialysis access site in the left upper extremity, which requires ongoing monitoring. No additional skin breakdown was noted at the time of evaluation. Given her profound deconditioning, prolonged bedbound status, oxygen dependence, and multiple comorbidities, the patient is at high risk for further functional decline, skin breakdown, contractures, and increased caregiver burden. Skilled physical therapy services are medically necessary to address

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
John Serlemitsos
2033 Penderbrooke Dr
Crownsville, MD 21032
PHONE: 4437902689 FAX: 14432928296 NPI: 1861405367

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.
F2F date : 01/30/2026

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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strength deficits, improve sitting balance and tolerance as appropriate, enhance joint mobility, and implement positioning strategies to maintain skin integrity and prevent complications of immobility. Interventions will focus on progressive therapeutic exercise, bed mobility training as tolerated, caregiver education in safe positioning and range of motion techniques, and strategies to maximize safety and comfort. Skilled nursing oversight remains indicated for management of COPD, oxygen therapy monitoring, dialysis coordination, anticoagulation management, and monitoring for complications related to end-stage renal disease and diabetes. The overall plan of care is directed toward preventing further decline, optimizing residual functional capacity, reducing risk of secondary complications, and supporting the patient and caregivers in maintaining safety and quality of life within the home environment.
 Date of Order 06/08/2026 Orders Physician Face-to-Face Date: 01/30/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Chronic obstructive pulmonary disease with (acute) exacerbation Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is recertified due to pain, limited rom of the left upper extremity and muscle weakness, bed-bound and max/dependent for all ADLs and mobility tasks, requiring continued OT services to address bilateral upper extremity muscle strength/rom, bed mobility and grooming tasks, with COPD on 3L of O2, ESRD on hemodialysis, DM 2, and chronic anticoagulation.
 Physician Serlemitsos, John

SN Careplans	SN Goals

OT Careplans	OT Goals
OT WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26) ,WK4: 1 (06/28/26-07/04/26) ,WK5: 1 (07/05/26-07/11/26) ,WK6: 1 (07/12/26-07/18/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5 CAREGIVER: HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed. Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day. Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions. Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake. Provide education content at patient's level of health literacy. Assess/Instruct Pt/Pcg: Safety measures to prevent injury. Assess: Musculoskeletal status. Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage. Pt/Pcg educated in pain management techniques including positioning and relaxation techniques Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,. Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training	PATIENT-STATED GOAL: Patient wants to get better GOALS Patient will demonstrate improved bilateral shoulder flexion from 100 degs to 115 degs to improve ADLs patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule Toileting Hygiene - 01. Dependent Lower Body Dressing - 01. Dependent Don/Doff Footwear - 01. Dependent Eating - 06. Independent patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medicatio Shower/Bathe Self - 02. Substantial/maximal assistance Patient will demonstrate improved bilateral shoulder flexion from 90 degs to 100 degs to improve ADLs Upper Body Dressing - 03. Partial/moderate assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/08/2026

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Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: coughing, M1033 - Exhaustion, limited range of motion, limited strength, weak hand grips, balance deficit, obesity, itchy skin

PROCEDURES: Therapeutic exercise: Clinician will describe a time of visit, Patient/caregiver recalls related purpose and schedule of medications: Medication review , home exercise program: Self prom/aarom exercises of bilateral upper extremity

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 06. Independent, Patient will demonstrate improved bilateral shoulder flexion from 90 degs to 100 degs to improve ADLs , Patient will demonstrate improved bilateral shoulder flexion from 100 degs to 115 degs to improve ADLs

Signature of Physician:	Date
	PAGE 3 of 3
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